

**San Benito High School District
Investment Provider Listing**



Below is a list of the approved Investment Providers for the Employer's 457(b) Plan.
The Salary Amendment Agreement can be found following the Investment Provider Listing.

Investment Provider/Vendor Name	No Monthly Fee	\$3 Monthly Fee (through payroll deduction)
Industrial Alliance Pacific Life Insurance Company	X	
Life Insurance Company of the Southwest	X	
Security Benefit Group	X	

Monthly Fee

A fee of \$3 per month for every month of participation is charged to each vendor by the employer's third party administrator to cover the costs of administering the employer's 457(b) plan. Many vendors have agreed to pay this fee and not pass it along to participants. Other vendors will require that the fee be paid by the participant; participant payments are completed through an after-tax payroll deduction.

Investment Information

Please consult with your financial advisor regarding your investment options.

** These companies are no longer available for new 457(b) contributions and therefore no fee will be assessed on the current accounts.*

457(b) Salary Amendment Agreement

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The Salary Amendment Agreement is used to establish, change, or cancel deferrals withheld from your paycheck and contributed to an account within the employer-sponsored 457(b) Plan on your behalf. This completed and signed Salary Amendment Agreement is to be used only for the **San Benito High School District** 457(b) Plan.

Employee Information	Employee Name		Social Security Number	
	Employee Street Address		<input type="checkbox"/> 10 Pay <input type="checkbox"/> 12 Pay <input type="checkbox"/> Other: _____	
	Email Address		Home Phone	
	Date of Birth	Date of Hire	Work Phone	

Contribution Information

I wish to BEGIN contributions to a *pre-tax* 457(b) account
 I wish to CHANGE contributions to a *pre-tax* 457(b) account
 I wish to CANCEL all contributions to a *pre-tax* 457(b) account

Effective Date: This salary amendment will go into effect as soon as administratively feasible but no sooner than the first day of the month following the date of submission and acceptance (e.g. If the form is received in May, contributions may begin no earlier than June). The first payroll in the month following the submission and acceptance of this form is deemed the effective date.

Investment Provider Information

Investment Provider Name	Contribution \$ Amount	Account Number *
Tax Deferred Solutions – 457(b) Plan Platform	\$ _____	# _____

**457(b) account must be established PRIOR to submitting a Salary Amendment Agreement to your Employer*

Total contribution amount each payroll cycle: \$ _____

Financial Advisor Information (required)

Advisor Name		Advisor Phone
Email Address	Firm Name	

Employee Approval

I understand and agree to the following:

- This Salary Amendment Agreement is an agreement between me and my Employer which I have entered into voluntarily.
- This Agreement supersedes all prior 457(b) Salary Amendment Agreements and will automatically terminate if my employment is terminated.
- This Agreement is legally binding and irrevocable with respect to amounts paid or available while this agreement is in effect.
- This Agreement may be terminated at any time for amounts not yet paid or available, and that a termination request is permanent.
- This Agreement may be changed with respect to amounts not yet paid or available.
- A Direction of Investments form must also be completed and submitted to Tax Deferred Solutions to properly apply the listed contribution; the accurate completion of this form is the sole responsibility of the participant.

I understand that I may not contribute an amount which will exceed the annual deferral limits established by the Internal Revenue Service for a 457(b) plan. If, based on information held by my employer or the plan administrator (Tax Deferred Solutions/TDS), either my employer or TDS believes additional contributions will cause me to exceed annual IRS limits, I authorize the automatic cancellation of this Salary Amendment Agreement. In the event this Salary Amendment Agreement is automatically cancelled for excess contribution limits, I understand the cancellation of this Agreement due to exceeding verifiable contribution limits does not terminate the Agreement permanently, and contributions will resume as soon as administratively feasible.

I understand that TDS, the plan administrator, charges each Investment Provider an administration fee of \$3.00 per month for each Investment Account administered in the Plan. In the event the Investment Provider selected above does not agree to pay the administration fee, I authorize and direct employer to deduct the administration fee directly from my paycheck each month through an after-tax payroll deduction.

I have read and understand all information contained on page 2 of this Agreement

Employee Approval	Employee Signature: X	Date:
	Employer Authorization	Employer Acceptance (Signature): X

Important Information

The Employee is solely responsible for the completion of all documents to establish the annuity contract or custodial account which must be established prior to the submission of this Agreement.

Employee acknowledges that they have received Employer's list of approved providers and understands that participation in the 457(b) plan with some providers will result in a \$3.00 fee to Employee each month. In the event Employee selects a provider that does not cover the cost of administration as listed in the Employer's list of approved providers, Employee authorizes and directs Employer to deduct the administration fee directly from their paycheck through an after-tax payroll deduction.

Employee acknowledges that neither the Employer nor Tax Deferred Solutions (TDS) has made any representation regarding the advisability, appropriateness or tax consequences of the investment, distribution or any other transaction related to the 457(b) plan.

Participation in a 457(b) Plan is voluntary and the Employee agrees to hold harmless and indemnify the Employer and Tax Deferred Solutions against any and all actions, claims, and demands that may arise from the purchase of annuities or custodial accounts within the 457(b) Plan.

Neither the Employer nor TDS shall have any liability for any and all losses suffered by the Employee with regard to his/her selection of the annuity and/or custodial account; its terms; the selection of Investment Provider; the solvency of, operation of, or benefits provided by said Investment Provider; or his/her selection and purchase of annuity contracts and/or shares of regulated investments from an Investment Provider.

It is understood by the Employee that the Employer is authorized to utilize the services of a Plan Administrator at the discretion of the Employer, and as such, the Employer may direct the amount of salary reduction/deduction from the Employee to the Plan Administrator with the intent of having the Plan Administrator distribute such funds to the designated Investment Providers.

Employers are responsible for all distributions and any other transactions with the Investment Providers. All rights under the annuity contracts or custodial accounts are enforceable solely by Employee, Employee's beneficiary or Employee's authorized representative. However, Employer has certain responsibilities under the 457(b) Plan with respect to the integrity of the transactions for the Plan and may require an authorized representative from Employer to approve any requested transactions by Employees. Employee must cooperate directly with any Investment Provider or Employer representative, as directed by Employer to exchange contract(s) or custodial account(s) to another vendor, make distributions, request loans, exchanges or otherwise access 457(b) Plan assets.

By submitting this Agreement, the release of confidential information to third parties including Investment Providers, Plan Administrators and their representatives may occur as necessary to administer the Plan in accordance with applicable State and Federal law.

Employer reserves the right to alter the terms of this Agreement as required to facilitate Plan compliance with State and Federal law.

Instruction

Please review this form carefully and once completed and signed, please submit the original form to your payroll office for processing.

For questions on how to complete this form you may contact your Employer, or Tax Deferred Solutions at:

Tax Deferred Solutions
6939 Sunrise Blvd, Suite 250
Citrus Heights, CA 95610

866.446.1072 – toll free

916.723.3994 – fax

planadministrator@tdsgroup.org – email